

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90097 043 ***550.00

DOCUMENT # P99000103762

1. Entity Name
SIAM RIVER THAI AND JAPANESE, INC.

Principal Place of Business
**2783 NORTHEAST 164TH STREET
 NORTH MIAMI BEACH FL 33160**

Mailing Address
**2783 NORTHEAST 164TH STREET
 NORTH MIAMI BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1118 S. Dixie Hwy.
 Suite, Apt. #, etc.

3. Mailing Address
1118 S. Dixie Hwy
 Suite, Apt. #, etc.

City & State
Coconut Gables, FL

City & State
Coconut Gables, FL

4. FEI Number
65 0982 010

Applied For
 Not Applicable

Zip
33146

Country
DADE

Zip
33146

Country
DADE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COKER, RICHARD G JR.
 501 NORTHEAST 8TH STREET
 FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name **SOMKID PUNMA**
 Street Address (P.O. Box Number is Not Acceptable)
1118 S. Dixie Hwy.
 City **Coconut Gables** **FL** Zip Code **33146**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **09/01/00**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PUNMA, SOMKID 2783 NORTHEAST 164TH STREET NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUNMA, SOMKID 2783 NORTHEAST 164TH STREET NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SOMKID PUNMA** **09/01/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **305 668 9890**

CR: 10/14 11:00